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PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner Unassigned

Group Art Unit 3622

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FOR THE PERSONAL ATTENTION OF
EXAMINER Unassigned**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Robert J. Zhang et al., Application No. 10/356,396, filed January 31, 2003 for INTEGRATED MARKETING PROMOTION SYSTEM AND METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

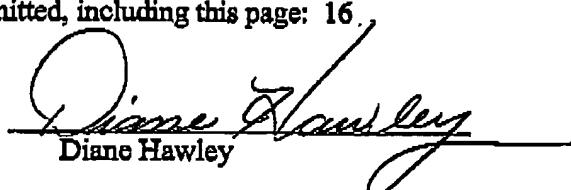
Documents Attached

- 1) Transmittal Form (1 p);
- 2) Petition for Extension of Time (1 p in duplicate);
- 3) Amendment (12 pp).

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Diane Hawley

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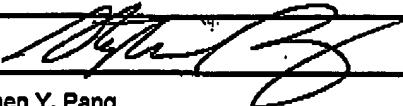
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0260

60590574 v1

TRANSMITTAL FORM		Application Number	09/834,855
(to be used for all correspondence after initial filing)		Filing Date	April 12, 2001
		First Named Inventor	Liu, Wanqian D.
		Art Unit	3622
		Examiner Name	NAMRATA BOVEJA
		Total Number of Pages in This Submission	15

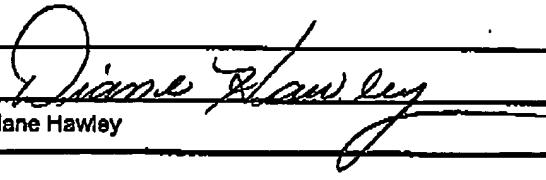
ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Stephen Y. Pang		
Date	September 19, 2005	Reg. No.	38,575

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